



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATION UNDER 37 CFR 1.8

I hereby certify that the documents referenced herein are being deposited with the United States Postal Service as First Class Mail on the date indicated below to Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 1/18/06 Depositor's Name: Leah Saar

Depositor's Signature:

In re Appln. Of Leone, Steven B. Atty. Docket: C4-1099

Title: ELECTRONIC ARTICLE SURVEILLANCE MARKER  
DEACTIVATOR USING PHASE CONTROL DEACTIVATION

Serial No: 10/688,822 Art Unit: 2632

Filed: October 17, 2003 Examiner: Mullen, Thomas J.

REQUEST FOR EXTENSION OF TIME

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir,

This is a request under the provisions of 37 C.F.R. 1.136(a) to extend the period for filing a response in the above-identified application. An authorization to charge deposit account number 19-1346 in the amount of \$1,590.00 for a 4 month extension of time pursuant to 37 C.F.R. 1.17(a)(4) is enclosed herewith.

Respectfully submitted,

Date 1/18/06

Frank A. Cona  
Registration No. 38,412

Tyco Fire & Security Services  
One Town Center Road  
Boca Raton, FL 33486  
561-981-4366 (phone)  
561-988-7843 (facsimile)

01/24/2006 TBESHAI1 00000033 191346 10688822

02 FC:1254 1590.00 DA

Adjustment date: 03/21/2006 CKHLOK  
01/24/2006 TBESHAI1 00000033 191346 10688822  
02 FC:1254 1590.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request:		2 Serial/Patent # <u>10/688,822</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time	<u>now</u>	1-23-06	\$ 1590.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition			\$
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<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
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<input type="checkbox"/>	Assignment			\$
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		7 TOTAL AMOUNT OF REFUND	\$ 1590.00	
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
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<input checked="" type="checkbox"/>	No Fee Due (Explanation):	<i>Extension of time submitted after the maximum extendable period for response</i>		
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Paul Szarenski</u>		TITLE: <u>Sr. Attorney</u>		
SIGNATURE: <u>PL</u>		PHONE: <u>22325</u>		
OFFICE: <u>Office of Petitions</u>				
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APPROVED: <u>R. Day</u>		DATE: <u>3/21/06</u>		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

Office of Finance  
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Crystal Park One, Room 802B